

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

X Chapter 13

Sonia Batista

Case No. 11-23127 (rdd)

Debtor.

X

CREDITOR LOSS MITIGATION AFFIDAVIT

STATE OF SOUTH CAROLINA)

)ss.:

COUNTY OF YORK)

I, George Rouse _____, being sworn, say:

The attached Financial Packet and the following documents are required to review the Debtor's/Debtors' loan for loss mitigation:

- A signed copy of the Debtor(s) most recent federal income tax returns;
- A copy of the Debtor(s) paycheck stubs showing the last thirty (30) days of income, proof of social security income, pensions, or any other income received by the Debtor(s);
- If Debtor(s) is/are self employed, provide a signed and dated copy of the Debtor(s) business' year to date Profit and Loss Statements in typed format, setting forth a breakdown of the monthly business income and expenses (if year to date breakdown is unavailable, provide Profit and Loss Statements for last three (3) months);
- A copy of the Mortgagee's completed Financial Worksheet, signed and dated within 30 days;
- Proof of Second/Third Party Income by Affidavit of the party, showing the last thirty (30) days of income;
- A complete IRS form 4506-T using large, legible print or font;
- A complete Request for Modification and Affidavit (submission of this form does not guarantee HAMP review);
- A complete Dodd-Frank Certification (submission of this form does not guarantee HAMP review);

It is our understanding that this loan is part of the Default Mitigation Management (DMM) Portal Pilot Program and that communications and document exchange will take place via the DMM Portal. The required documents as well as suggested documents also are available on the DMM Portal;

Other (please specify):

- Letter describing financial hardship, signed and dated within 30 days
- Signed statement with consent to escrow all taxes and insurance
- Copies of three (3) most recent bank statements, including all pages
- Lease agreement and two (2) months proof of rental income such as bank statements or cancelled checks
- Social Security Award Letter/ Disability award letter
- Unemployment benefits statement/award letter
- Alimony or Child Support Court Order, and minimum of three months proof of receipt of income
- Contribution letter from Spouse/ Domestic Partner not listed on the loan as well as proof of their income

The Secured Creditor reserves its right to request further information from the Debtor if necessary. Please return all required documents to the office of Steven J. Baum, P.C.

Steven J. Baum, P.C.
Bankruptcy Department
220 Northpointe Parkway, Suite G
Amherst, NY 14228
Fax: 716-932-4346
Email: nicole-greene@mbaum.com

Please be advised that the loss mitigation contact is as follows:

Name: George Rouse _____

Title: Bankruptcy Home Preservation _____

Phone Number: 803-396-6324 _____

Fax Number: 855-851-6242 _____

Email Address: george.rouse@wellsfargo.com

Dated: August 9, 2011 _____

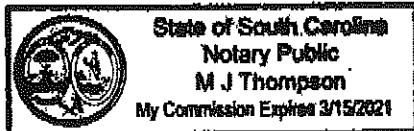
Fort Mill, South Carolina _____

City, State

George Rouse

Sworn to before me this
89 day of August, 2011

M J Thompson



Making Home Affordable Program

Request For Modification and Affidavit (RMA)



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) - Page 1

COMPLETE ALL THREE PAGES OF THIS FORM

► Loan I.D. Number _____

► Servicer _____

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number with area code		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	

I want to:	<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property
The property is my:	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home <input type="checkbox"/> Investment
The property is:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant

Mailing address		
Property address (if same as mailing address, just write same)		E-mail address
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted a credit-counseling agency for help <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete the following:	
Date of offer _____ Amount of offer \$ _____	Counselor's Name: _____	Agency Name: _____
Agent's Name: _____	Counselor's Phone Number: _____	
Agent's Phone Number: _____	Counselor's E-mail: _____	
For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Who pays the real estate tax bill on your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA	Who pays the hazard insurance premium for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA
Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Condominium or HOA Fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Name of Insurance Co.: _____
Paid to: _____	Insurance Co. Tel #: _____

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 Filing Date: _____
 Has your bankruptcy been discharged? Yes No Bankruptcy case number: _____

Additional Liens/Mortgages or Judgments on this property:			
Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.

I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> Other: _____	

Explanation (continue on back of page 3 if necessary): _____

INCOME/EXPENSES FOR HOUSEHOLD¹

Number of People in Household:

<i>Monthly Household Income</i>		<i>Monthly Household Expenses/Debt</i>		<i>Household Assets</i>	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony / Separation ²	\$	Insurance	\$	Savings/ Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total (Gross Income)	\$	Total Debt/Expenses	\$	Total Assets	\$

INCOME MUST BE DOCUMENTED

¹Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
To be completed by interviewer		Name/Address of Interviewer's Employer	
This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number		
	Interviewer's Signature	Date	
	Interviewer's Phone Number (include area code)		

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

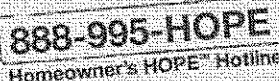
► _____
Borrower Signature _____ Date _____

► _____
Co-Borrower Signature _____ Date _____

HOMEOWNER'S HOTLINE

If you have questions about this document or the modification process, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

**NOTICE TO BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtar.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



► Request may not be processed if the form is incomplete or illegible.

Tip. Use Form 4506-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	
Third party name petesabbag DataVision Resources, LLC 0000301826	Telephone number 515-989-0877
Address (including apt., room, or suite no.), city, state, and ZIP code 222 Milwaukee St # 412 Denver, CO 80206	
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.	
2009	2010

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see **Where to file** on this page.

DODD-FRANK CERTIFICATION

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

Borrower

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or
 (c) tax evasion

<1/1|

Co-Borrower

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or
 (c) tax evasion

Additional Co-Borrower (1)

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or
 (c) tax evasion

|1/1|>

Additional Co-Borrower (2)

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or
 (c) tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

Print Borrower Name

Borrower Signature

Date

Print Co-Borrower Name

Co-Borrower Signature

Date

<|2/1|

Print Additional Co-Borrower (1) Name 2/1 > < 3/1	Additional Co-Borrower (1) Signature	Date
--	--------------------------------------	------

Print Additional Co-Borrower (2) Name 3/1 >	Additional Co-Borrower (2) Signature	Date
---	--------------------------------------	------



FINANCIAL WORKSHEET

Date: _____

Loan Number: _____

Mortgagor Name: _____

Co-mortgagor Name: _____

*** VERIFY AND/OR UPDATE INFORMATION LISTED BELOW IN ITEMS A - F ***

A.) VERIFY HOW MANY INDIVIDUALS LIVE IN YOUR HOME:

B.) VERIFY CURRENT MONTHLY INCOME:

BORROWER INCOME \$ _____

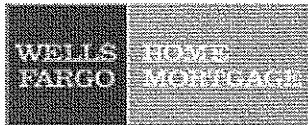
CO-BORROWER INCOME: \$ _____

OTHER INCOME: \$ _____

(example(s): Commission/Disability/Social Security/Child Support/Alimony/ Rental Property/Rent from Roommate)

C.) VERIFY CURRENT MONTHLY EXPENSES:

- | | |
|--|----------|
| 1) Existing Mortgage Payment | \$ _____ |
| 2) Other Mortgage Loans | \$ _____ |
| 3) Installment/Car/Boat/RV/Loans: | \$ _____ |
| 4) Credit Cards (examples below)
Visa/MC/Discover or Store | \$ _____ |
| 5) Lines of Credit (example below)
credit line/home equity line | \$ _____ |
| 6) Charge Off Accounts:
(accounts written off by lender) | \$ _____ |
| 7) Other credit accounts | \$ _____ |
| 8) Credit Accounts that are past due
for more than 5 months | \$ _____ |
| 9) Food | \$ _____ |
| 10) Utilities | \$ _____ |
| 11) Transportation | \$ _____ |
| 12) Child Care/Alimony | \$ _____ |
| 13) Personal/Family Loan &/or Tuition | \$ _____ |
| 14) Medical expenses not covered by insur | \$ _____ |
| 15) Cell Phone/Cable/Internet/Satellite | \$ _____ |
| 16) Association Fees or Monthly Dues | \$ _____ |
| 17) Dry Cleaning/Laundry:Uniforms/Clothing | \$ _____ |



FINANCIAL WORKSHEET

D.) VERIFY CURRENT ASSETS:

Estimated Value(s):

\$ _____

- | | |
|--------------------------------|----------|
| 1) Home | \$ _____ |
| 2) Other Real Estate (explain) | \$ _____ |
| 3) Automobile | \$ _____ |
| 3) Automobile | \$ _____ |
| 4) Automobile | \$ _____ |
| 5) 401k/ESOP Accounts | \$ _____ |
| 6) Stocks/Bonds/CD's | \$ _____ |
| 7) Other Investment (explain) | \$ _____ |

E.) VERIFY PHONE NUMBERS:

HOME	WORK	CELL/OTHER PHONE
_____	_____	_____

F.) VERIFY MAILING ADDRESS: (*disregard if same as property*)

* After verifying please sign, date and return including proof of income

I/We certify the financial information stated above is true, and is an accurate statement of my/our financial condition. I/We understand and acknowledge any action taken by the lender of my/our mortgage loan on my/our behalf will be made in strict reliance on the financial information provided. My/Our signature(s) below grants the holder of my/our mortgage the authority to obtain a credit report to verify the information in this financial worksheet to be accurate.

By _____ Date _____ By _____ Date _____

Escrow Acknowledgment

Property Information

Borrower
Street Address
City, State Zip code

RE: Loan Number _____

Escrow Acknowledgment

If you are approved for and accept a trial payment plan under the Home Affordable Modification Program, you understand and acknowledge that you are required to maintain or establish an escrow account to pay your future property taxes and insurance premiums which will remain on your account for the life of the loan. Until then, please continue to pay any tax or insurance bills you have previously been responsible for paying.

If delinquent property taxes or insurance premiums are discovered during our review of your financial situation, we will make those payments including all interest and penalties. We will then establish an escrow account or adjust your existing account for payment of past due and future amounts.

Any insurance and/or tax item that is paid through homeowner's association dues will remain non-escrowed.

The Parties agree that the approval of the trial payment plan and addition of the escrow account supersedes any prior agreements, negotiations, understandings, waivers or other matters whether oral or written, with respect to the subject matter hereof.

IN WITNESS WHEREOF, the Parties have executed this Addendum as of the date first written above.

Borrower Signature: _____ Date: _____

Borrower Signature: _____ Date: _____

Borrower Signature: _____ Date: _____

Borrower Signature: _____ Date: _____